SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  Agent  Addressee  B. Reserved by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No  3. Service Type  Certified Mall  Express Mall
Susan A. Bernstein, Esq. 200 Highland Avenue, Suite 306 Needham, MA 02494 Docket No. RCRA-01-2010-0026	
	☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7010 0290	0 0000 5810 9592
(Transfer from service label)	DODD 5810